

U.S. DEPARTMENT OF COMMERCE
SCIENCE AND TECHNOLOGY FELLOWSHIP (COMSCI) PROGRAM
NOMINATION FORM

PLEASE TYPE OR PRINT CLEARLY

Applicant Name: _____

Title: _____ Grade: _____

Agency: _____

Office Mailing Address: _____

Office Telephone #: _____ Fax #: _____

Office E-mail Address: _____

Home Mailing Address: _____

Home Telephone #: _____ Home E-mail address: _____

Please complete the security information below to ensure clearance into secured government buildings:

Social Security Number: _____ Date of Birth: _____

Place of Birth: _____ Citizenship: _____

Current Security Clearance Level: _____

(All information on this page is required. Failure to provide the information may disqualify the applicant from consideration.)

APPROVING OFFICIAL, PLEASE CHECK THE PROGRAM OPTION FOR WHICH YOU WANT THE NOMINEE TO BE CONSIDERED:

_____ The ComSci Program with an assignment (Full-time). I hereby authorize a full-time, ten-month (September through June) leave of absence for this training assignment. I agree to support the applicant's salary, fringe benefits, any housing or relocation expenses required, as well as the tuition (\$7,500), and travel expenses directly associated with the one-week field trip (approximately \$2,500), which is part of the fellowship program.

_____ The ComSci Program without an assignment (Part-time). I hereby authorize a part-time, ten-month (September through June) training period. I agree to support the applicant's tuition (\$7,500), and travel expenses directly associated with the one-week field trip (approximately \$2,500), which is part of the fellowship program.

Name of Approving Official (**Please Type or Print Clearly**)

Title Approving Official (**Please Type or Print Clearly**)

Signature of Approving Official

Phone #: _____ FAX#: _____

E-mail address: _____

If the Approving Official is not the applicant's supervisor, please provide the supervisor's info below.

Supervisor Name: _____

Title: _____

Agency: _____

Office Mailing Address: _____

Office Telephone #: _____ Fax #: _____

Office E-mail Address: _____

(All information on this page is required. Failure to provide the information may disqualify the applicant from consideration.)